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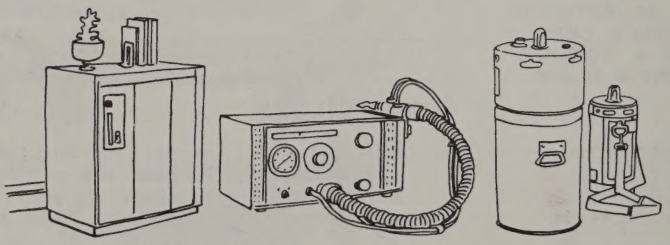

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PRESIDENT'S PAGE

Generic Prescribing

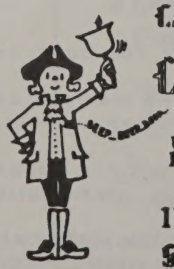
Doctor, you don't know your CHLORDIAZAPOXIDE from your PROPOXYPHENE HYDROCHLORIDE. At least, that is what some health care experts think and that is one of the reasons a law has, recently, been passed in Massachusetts requiring prescription forms to be so structured that the pharmacist can dispense generic drugs unless the physician specifically indicates that trade name drugs be used.

Why generic? The reason is cost. The amount of money spent in the United States on prescription drugs boggles the mind. It is hoped that money can be saved by dispensing the same medications in generic form and avoiding the high cost of trade name drugs. Everyone expresses a desire to reduce the high cost of medical care and this is proposed as a reasonable approach.

How do physicians feel about generic prescribing? Some-always; others - sometimes; others - never. Why do many doctors, adopt a course of conservation in the use of generics?

We do not live in a society which is generically oriented. We are bombarded by the media with brand names. Has any of us ever bought a generic automobile, generic television set, generic dishwasher or, if you are a Red Sox fan, a generic hot dog. If one is to insist on brand names for these semiluxuries, should he or she insist on anything less in the matter of life preserving drugs.

The health care experts who are strong proponents of generics maintain that there is no difference between brand names and generics but within my memory, there have been problems with a Digoxin preparation wherein there were varying amounts of the agent in tablets, all of which were supposed to have the same - a very critical error - ; an antibiotic, Chloramphenicol, did not achieve the blood level in generic form that the popular trade name brand did; a preparation of Prednisone did not get released appropriately from its tablet and,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therefore, didn't work; and a polio vaccine which met all government requirements - produced a number of cases of paralytic poliomyelitis.

These are all problems of the past, according to the generic pundits. But, how is the medical fraternity to be sure? Even now, a DPT vaccine approved for sale in this country, is under fire for causing an inordinate number of sterile abscesses. Pills and capsules can differ. In the construction of a pill, in addition to the active agent, go a filler, a hardener and a coating. These are placed in a compressor and the pill is born. If it is not properly done, the tablet may crumble, or it may be so hard as not to dissolve, in the body, at the proper time.

Who is to be held liable if a medication does not perform as it should? The medical profession is already reeling under the yoke of the malpractice mania. The government has said precious little about protecting the physicians should a generic agent prove ineffective. The pharmacist, perhaps, may be responsible, but it is highly unlikely, at least in the minds of the medical community, that the physicians will escape the wrath of the patient's lawyer if the druggist dispenses an inferior drug.

The doctor, after all, is most concerned with the health and welfare of his patient. When the total cost of hospital and medical care is considered, will the physician in a country where, "You can't be too careful about your bathroom tissue" order a potent medication without any knowledge of its manufacturer? We will have to wait and see. My guess is that there will be a trend to more generic prescribing but that great care will be exercised, particularly, with medicinal agents which have a high potential for important therapeutic effects. □

JOHN J. FLAHIVE, M.D.

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THE IPA-HMO; A VIABLE ALTERNATIVE

When some forward-looking physicians of the Hampden District Medical Society formed the Health Care Foundation of Western Massachusetts in 1972 to promote quality medical services at a reasonable cost, the fee-for-service Health Maintenance Organization composed of Independent or Individual Practitioners was only in its embryonic stages nationally.

The federal HMO legislation of 1973 gave some impetus to closed panel HMO's, but all HMO development seemed to lag, with only 17 becoming Federally qualified by June, 1976. While many HMO's chose not to go the Federal qualification route, HMO growth has been slow. As of December, 1977, 51 HMO's had been fully qualified - 13 of these were the IPA (Independent or Individual Practice Association) model.

Closed panel HMO's were the earliest to appear and they received the most attention through the years, but as the true value and application of the IPA-HMO's were seen, they have started to ascend in importance. At the present time, 40 such HMO's have begun the work towards Federal qualification, and one of the strongest reasons for the increase could be the increasing number of closed panel HMO's.

The IPA-HMO, in contrast to the closed panel, such as Kaiser-Permanente, the Harvard Community Health Plan, or Medical West, needs no new construction or central facility to operate, because the physician continues to use his own office in his own area. The patient can, very often, continue to see his own physician in the IPA-HMO, because member physicians will be recruited to join from every locality. Thus, the private physician can belong to a group which offers an attractive, comprehensive benefit package at a competitive price - usually better than that of the commercial insurance carriers, and still continue to practice in his own office, seeing his own patients, and any other patients he wishes.

Coupled with the principle of providing quality care which is available and accessible, is the recognized goal of keeping costs reasonalbe. With over 162 billion dollars expended in health care in 1977, the need to monitor costs is inherent in the successful HMO.

IPA-HMO's try to control costs in many ways. Some select only physicans who have a proven track record of reasonable fees and proper utilization of hospitals and ancillary services. Some select only primary care physicians and only they are allowed to refer patients to the specialists. All emphasize close utilization or peer review, inpatient and outpatient. All have limitations on fees and many deduct a percentage for a contingency reserve to offset operational deficits.

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Some successful IPA-HMO's pay physicians on a negotiated flat fee-per year basis, with the physician becoming the administrator of the payout of funds, sharing in any surplus at the year's end. Physician education is stressed to tell MD's that hospitalization is not always necessary; that diagnostic workups can be done on people as outpatients; that length of hospital stays can be safely shortened with good ambulatory or home care back up. Patient care emphasizes prevention and health education as well.

Thus, in view of all of this history and these considerations, the HCF of Western Mass. has been investigating and evaluating the emerging shapes and forms of an IPA-HMO. We have talked to Blue Shield; we have listened to a large insurance broker-administrator but both efforts lacked, for one reason or another, enough progress to fruition. We have more recently attempted application for a Federal feasibility study with negative results and feelings of all concerned. We continue to work, however, and real progress may be in the offering very shortly. We feel that the HMO is here to stay and that a pleuralistic health care delivery stystem will be with us for a long time to come. For the independent physician; beset with rising costs and a maze of regualtions, the IPA-HMO is a logical and viable means of providing good care at a reasonable patient cost. The great attraction of the IPA, we feel, is that the formulation and monitoring of standards of care, plus reimbursement, will stay with the physicians,and that the bottom line of success will be their satisfied, well cared-for patients. □

WILLIAM J. BAKER, M.D.
President
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EXECUTIVE COMMITTEE MEETING
October 16, 1978

The Executive Committee of the Hampden District Medical Society met on Monday, October 16, 1978 in the Conference Room at the offices of the HDMS.

Present were Drs. Flahive, Dasco, Walthall, Fitzpatrick, Sachsse, Corsaro, and Mrs. Purdy.

The minutes of the September meeting had been mailed to the members and they were accepted as read.

Correspondence

A letter from Dr. Stoddard objecting to the Board of Registration and Discipline of Medicine's new rules and regulations concerning advertising and professional notices by a full licensee was discussed. The Executive Committee agreed strongly with Dr. Stoddard's objections and a letter will be written to the Board of Registration in Medicine expressing the feelings of the Hampden District Medical Society.

Suggestions made by Dr. Sammons of the American Medical Association for reducing dues of physicians in the first year of practice were tabled until Dr. Remsberg, the Treasurer is present at a meeting.

A questionnaire about hospital relationships from the American Medical Association will be answered by Mrs. Purdy.

A most important public hearing to be held on Monday, November 6, 1978 in the Gardner Auditorium at the State House, Boston was discussed. This hearing will be on the proposed regulations governing the practice of nursing in an expanded role in the Commonwealth. Copies of the proposed rules as advocated by the Board of Nursing will be mailed out for study and comment. Dr. Rowell would welcome any statements and urges physicians to attend the hearing.

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Old Business

The disposal of money left from the St. Maarten trip was discussed. Dr. Remsberg and Dr. Guardione will be asked to bring a decision to the Executive Committee.

Telephone listings were again discussed. A suggestion made at the District Meeting relative to an ad of the Hampden District Medical Society informing the public that referrals are made from this office was voted in the affirmative.

A vacancy on the Board of Directors of the Western Massachusetts Health Planning Council under providers will be questioned. The Council did not accept the Hampden District Medical Society's recommendation for Dr. Corsaro to be nominated to the Board. A letter will be written to this effect.

Mrs. Purdy gave a report of the items of business considered by the Public Relations Committee of the Massachusetts Medical Society which she and Dr. Bloom attended.

As there are presently twenty delinquent dues paying members of the Hampden District Medical Society, Dr. Remsberg will call them and if the dues are not paid registered letters will be mailed to them.

The Valley Press Club invited physicians in the area to attend their Scholarship Dance to be held Saturday, October 21.

New Business

The Executive Committee approved the appointment of Dr. Sheffield to the Blue Shield District Professional Service Committee to fill the resignation of Dr. James Allan.

Dr. Flahive discussed the Countway Library. He feels that for the percentage of dues paid to the Massachusetts Medical Society the members do not receive enough advantage from their membership. He will appoint an Ad Hoc Committee to study this situation.

Mrs. Purdy gave the office report. Complaints about the Medical West telephone listing in yellow pages have been phoned into the office. Dr. Sachsse will write a letter to Mr. Huston, Vice-President of the Medical West. The "Physician Visit" program got off to a fine start and plans are completed until February 15, 1979. Mrs. Purdy is now a Notary Public and will notarize for physicians. The Scholarship Committee has met and money has been allocated and the Dr. Max & Ida L. Millman Foundation loans to medical students will be made.

The meeting was adjourned at 8:50 P.M. □

PHILIP B. STODDARD, M.D.
Secretary

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DISTRICT MEETING
September 26, 1978

The first District Meeting for 1978 was held on Tuesday, September 26, 1978 at the Oaks Inn at 140 Chestnut Street, Springfield.

There were 139 reservations and 126 attended the meeting.

Dr. Flahive called the meeting to order at 6:15 P.M.

The minutes of the Annual Meeting were read and accepted by the membership as read.

In reply to a complaint by a physician relative to smoking at meetings, the first item of business was concerned with smoking and was discussed at length. A motion was made and seconded to ban smoking at the business meetings and segragate smokers at the dinners with a smoking and non smoking section. This was approved, and voted in the affirmative.

Yellow page telephone listing was the next item of business. Dr. Stoddard, Secretary read the guidelines as proposed by the Massachusetts Medical Society. This report was given by the Sub Committee of the Executive Committee on telephone listing.

The committee on ethics and discipline, of the Massachusetts Medical Society, in April 1976 proposed the following guidelines with regard to physicians listing in the telephone directories in Massachusetts:

1. The names of physicians, clinics, medical groups or associations should be listed in uniform size and face of type. There should be no bold face type nor any deviation from normal size of type.
2. There should be no display or box advertising.
3. For the convenience of the public, the names of individual physicians may be listed under the group or association heading and also individually in the appropriate alphabetical location.

Although recent rulings by the Federal Trade Commission might permit deviation from these guidelines, it is the feeling of the subcommittee on telephone listing of the Hampden District Medical Society and of the Executive committee of your society that adhering to these guidelines has served us well in the past and should do so in the future.

The New England Telephone Company WILL NOT, and the Hampden District Medical Society CANNOT guarantee the accuracy of yellow page advertising. Physicians, professional corporations, or clinics are therefore urged to be candid and precise in their advertising.

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There was much discussion with suggestions for listing. A suggestion was made to list the Hampden District Medical Society at the top of Physicians & Surgeons for referrals. This will be referred to the Sub Committee.

The Massachusetts Medical Society is attempting to have the word "Discipline" removed from the Board of Registration in Medicine & Discipline. Dr. Flahive asked for opinions. One physician approved of keeping the word, but when it was voted there was a majority vote to have the word removed. A letter will be sent to the Massachusetts Medical Society with this recommendation.

There being no other business the meeting was adjourned for the social hour at 7:00 P.M.

Following the social hour dinner was served on time and after dinner Mr. Thomas L. Huston, President of the Medical Wst Community Health Center spoke on the new HMO to be located at that project in Chiopee. The topic was "New HMO - THE MEDICAL WEST COMMUNITY HEALTH CENTER". Mr. Huston gave a provocative talk about this new HMO. He will be asked to write an article for the Hampden Hippocrat to enlighten all members of this new HMO. Many questions were asked and Mr. Huston graciously answered as many as he could.

The meeting was adjourned at 9:30 P.M. □

PHILLIP B. STODDARD, M.D.
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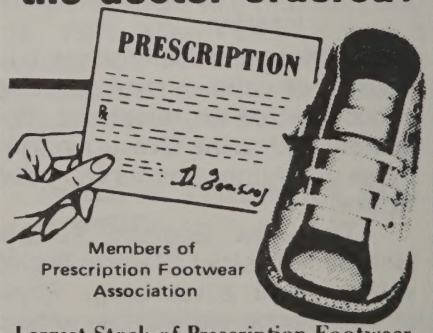

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HARRY vs JIMMY and TEDDY

A few weeks ago a letter arrived from Harry C.F. Gifford, President of Baystate Medical Center addressed to the Board of Trustees, Corporators and Professional Staff. For lack of space the letter is not being reproduced in its entirety, but the initial paragraphs give the essence of the material for the present discussion.

The budget which Baystate Medical Center has submitted to the State Rate Setting Commission shows an increase in costs of only eight per cent--just a little above the national rate of inflation, one per cent below any of the spending "caps" being debated in Washington, and 1.4 per cent below the average increase asked by other hospitals in Massachusetts.

However, the budget we submitted calls for a total increase in revenue of 18 per cent. How could the Medical Center increase its costs by only eight per cent then request an 18 per cent increase in charges? Because in the coming year Baystate Medical Center will provide $22 million worth of care for which it will not be reimbursed.

The Medical Center will not be reimbursed because the patients who receive that care are covered by either 1] Medicaid, Medicare, Workers' Compensation or some other government-backed or sponsored program; 2] are medically indigent and entitled to government mandated free care, or 3] are unable or unwilling to pay. [In the latter case charges must eventually be written off the books.]

To understand what the $22 million means, you should know that the Medical Center submitted a total budget of $97 million. In other words, nearly 23 per cent of the Medical Center's budget is the result of state and federal governments' failure to pay the true cost of care. That failure to pay for care that people need is passed along to a minority of our patients.

The minority is made up of those patients who pay out of pocket for their Medical Center care and those who purchase commercial health care insurance. Some 65 per cent of all Medical Center patients won't be affected by this 18 per cent increase in charges.

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It just so happened that on the same day this letter arrived (September 26, 1978) **The Morning Union** carried a news story from Washington with the headline: CABINET DIRECTED TO LOBBY FOR HOSPITAL COST CONTROL. The news story went on to say "President Carter on Monday ordered an all-out lobbying effort by his Cabinet for congressional approval of legislation limiting increases in hospital charges....Sen. Edward M. Kennedy, D-Mass., told reporters that we're short of votes' needed to pass the scaled-down measure. But he added that 'pressure is building' and said he hopes consumers will write to their senators to urge passage....He (Kennedy) confirmed that he is working with the administration to pass the cost-control measure despite his own criticisms of Carter on a related matter, national health insurance. Kennedy says Carter's insurance proposals are inadequate."

There is a certain suggestion of ambivalence in the statements emerging from Springfield and those from Washington. Although Senator Kennedy persists in holding hearings with carefully selected witnesses who demonstrate in infinite detail the horrors of medical and surgical expenses in their individual cases, Mr. Gifford easily documents 22 million dollars worth of horror which must be spread among those patients or the commericial insurance companies which pay their bills.

We are not trying to intimate that the present administration, or the Congress which recently adjourned, but will be back all too soon, is having difficulty differentiating the woods from the trees. That is a disability confined to those who stand erect. The distant vision of those crawling in the underbrush is much more confused. □

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Amendments To The "MASSACHUSETTS REGULATIONS GOVERNING THE PRACTICE OF MEDICINE"

1. Authority

These amendments are proposed under the authority of Mass. Gen. Laws Ann. c. 112, §5 and c. 30A. (West Supp. 1978)

2. Proposed Amendments

A. Part VI is amended by adding the following sections:

10 ADVERTISING AND PROFESSIONAL NOTICES BY A FULL LICENSEE

a. A full licensee may advertise for patients by means which are in the public interest. Advertising which is not in the public interest includeds the following, with the exceptions specifically listed:
   i. Advertising which is false, deceptive, misleading sensational or flamboyant.
   ii. Advertising which has the effect of intimidating or exerting undue pressure.
   iii. Advertising which uses testimonials.
   iv. Advertising which guarantees satisfaction or a cure.
   v. Advertising which offers gratuitous services or discounts the purpose of which is to increase the number of private patients. This subsection does not apply to advertising which contains an offer to negotiate fees nor to advertising in conjunction with an established policy or program of free care for patients.
   vi. Advertising which makes claims of professional superiority which a licensee cannot substantiate.

b. A full licensee may advertise fixed prices, or a stated range of prices, for specified routine professional services, provided such advertisement clearly states whether additional charges may be incurred for related services which may be required in individual cases.

c. A full licensee may advertise in electronic media, including television and radio, provided that she maintain a complete, accurate, and reproducible version of the audio and visual contents of that advertising for a period of three years. The licensee must furnish the complete copy of this advertising to the Board upon request. The cost of maintaining and providing

McCARTHY-MADAMAS
FUNERAL HOME
625 State Street - Springfield, Mass.
Tel. 739-7381

HIBICLENS LIQUID
NOLVADEX TABLETS
Frank Bobbin
Stuart Pharmaceutical

this advertising copy shall be borne by the licensee.

d. A full licensee shall include in an advertisement of professional notice her name, business address and degree (M.D. or D.O.)

11. REQUIREMENT TO RESPOND TO BOARD

A licensee shall respond within thirty days to a written communication from the Board or its designee and is to make available to the Board any relevant and authorized records with respect to an inquiry or complaint about the licensees' professional conduct. The thirty day period commences on the date the Board sends the communication by registered or certified mail with return receipt requested to the licensee's last known address.

12 REQUIREMENT TO MAKE AVAILABLE CERTAIN RECORDS

a. A licensee shall maintain a medical record for each patient which is adequate to enable the licensee to provide proper diagnosis and treatment. A licensee must maintain a patient's medical record for a minimum period of three years from the date of the last patient encounter and in a manner which permits the former patient or a successor physician access to them within the terms of these regulations.

b. A licensee shall provide a patient or, upon a patient's request, another licensee or another specifically authorized person, with the following:

   i. A summary which includes all relevant data, of that portion of the patient's medical record which is in the licensee's possession, or a copy of that portion of the patient's entire medical record which is in the licensee's possession. It is within the licensee's discretion to determine whether to make available a summary or a copy of the entire medical record.

   ii. A copy of any previously completed report required for third party reimbursement.

c. A licensee may charge a reasonable fee for the expense of providing the material enumerated in section b.; however, a licensee may not require prior payment of the charges for the medical services to which such material relates as a condition for making it available.

d. Section b. does not apply if, in the reasonable exercise of her professional judgment, licensee believes the provision of such material would adversly affect the patient's health. However, such a case, the licensee must make the material available to another responsible person disignated by the patient.

Approved and adopted at meeting of the Board of Registration and Discipline in Medicine on September 22, 1978. □

PROFESSIONALS enjoy buying and selling
real estate through **PRESTIGE REALTY.**

Bernard W. Schorr
Elsie B. Halperin
REALTORS

BOARD CONSIDERING STAGGERING LICENSURE RENEWAL PERIOD

The 1977 annual report of the Board stated that consideration is being given to staggering the licensure renewal period. The report states:

Physicians who wish to reregister in 1980 will furnish the Board with evidence of the completion of 100 hours of continuing medical education. Several alternatives are under consideration to facilitate the reporting of CME credits. The Massachusetts Medical Society has filed legislation to extend the reregistration cycle to three years as of 1980 so that the society's cycle will correspond to the Board's cycle to avoid administrative chaos. Should this proposal become law, the Board is considering staggering the reregistration of physicians by date of issue of the original license. (Editor's note: the MMS bill failed to pass in 1978 and will be refiled for 1979.)

This administrative strategy would permit a constant flow of work for the clerical staff and minimize the problems caused by the issuance of new licenses towards the end of a reregistration cycle, which have to be renewed within weeks of the original date of issue. In order to collect consistent data, the Board will have to update its reregistration form every three years, and utilize the same form for the subsequent three years.

BOARD REPORT REFUTES DOCTORS TIED TO DRUG RISE CHARGE

The annual report of the medical board refutes the recent newspaper headline which stated that doctors were tied to the rise in drugs. According to the report the Board has not discovered any organized traffic in drugs; usually the situation has been that of an unsuspecting physician who has been led to prescribe the drugs to unknown persons without examination. Such drugs have nearly always been sedatives or stimulants but, with one exception, have not been concerned with narcotics.

Picot's Place
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CLOSED MONDAY
Dinners From 6 P.M. Daily
Sunday from 3 .P.M.
Open All Year
VILLAGE OF HAMPDEN, MASS.
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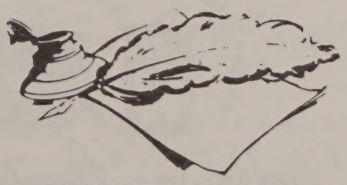
THE INK WELL
CARD AND GIFT SHOP
HERITAGE PARK PLAZA
EAST LONGMEADOW, MASS.
DAILY 10 - 9
SAT. 10 - 6
SUN. 11 - 5

YELLOW PAGE ADVERTISING BY PHYSICIANS- PROFESSIONAL CORP.- MEDICAL ORGANIZATIONS

The committee on ethics and discipline, of the Massachusetts Medical Society, in April 1976 proposed the following guidelines with regard to physicians listing in the telephone directories in Massachusetts:

1. The names of physicians, clinics, medical groups or associations should be listed in uniform size and face of type. There should be no bold face type nor any deviation from normal size of type.
2. There should be no display or box advertising.
3. For the convenience of the public, the names of individual physicians may be listed under the group or association heading and also individually in the appropriate alphabetical location.

Although recent rulings by the Federal Trade Commission might permit deviation from these guidelines, it is the feeling of the subcommittee on telephone listing of the Hampden District Medical Society and of the Executive Committee of your society that adhering to these guidelines has served us well in the past and should do so in the future.

The New England Telephone Company WILL NOT, and the Hampden District Medical Society CANNOT guarantee the accuracy of yellow page advertising. Physicians, professional corporations, or clinics are therefore urged to be candid and precise in their advertising. □

ECKART SACHSSE, M.D.
Chairman, Subcommittee on Telephone Listing

* The closing date for yellow page listing is December 29, 1978.

ESTABLISHED IN THE YEAR 1861
Dickinson-Streeter Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
Earle C. Bradley Alfred J. Gay

STORROWTON TAVERN
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Eastern States Exposition Park
West Springfield, Mass.
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An original colonial inn serving the finest early American food and drink plus continental specialties.
* An incomporable setting for weddings, banquets and parties.
Open year 'round.
Phone: 732-4188

PATIENTS' OPINION

In 1976, the Massachusetts State Legislature mandated that Medicaid patients who were to undergo any one of eight elective surgical procedures must obtain a Second Surgical Opionion. In response, the Department of Public Welfare and the Health Care Foundation of Western Massachusetts, Inc. have cooperated in developing and implementing a **mandatory** Consultation Program for eight specific elective procedures. The program, which utilizes an Indications for Surgery check-off form, meets the legislative requirements in a manner which has proven to be acceptable to local physicians.

After seven months of operation, approximately 600 elective surgical cases have been processed in Western Massachusetts through the Foundation's Medicaid Mandatory Second Surgical Opinion Program. Though still in its infancy, preliminary statistical information suggests that a substantial reduction in the number of elective surgical procedures performed on Medicaid patients has occured.

Statistics are often reported as a means of determining the effectiveness of a program. However, another aspect of the program which is rarely reported is the impact upon the patient's life as a result of his attituedes and feelings toward and perception of the Mandatory Second Surgical Opinion Program.

The HEALTH CARE FOUNDATION has found that in those cases where patients are required to obtain a second opinion from a consulting physician, the individual patient reactions have varied from the patient welcoming the opportunity to have a second consultation to feelings of being inconvenienced, discriminated against, and/or having their rights infringed upon. These patient reactions are in many cases to be expected, however, it is the Foundation's position that these reactions play a key role in determining the overall effectiveness of this and other similar programs.

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- WALL DECOR
- MIRRORS
and the very
- FINEST CUSTOM FRAMING

The Foundation will continue to monitor patient reactions to various consultants, administrative procedures, and possibly most importantly, how the patient perceives the Second Surgical Opinion Program and its value. In addition to required statistical data, an assessment of the personal reactions of the people whose lives it touches will be necessary in rder that we adequately determine the overall effectiveness and efficiency of the Medicaid Second Surgical Opinion Program currently being administered in Western Massachusetts.

For example, as reported in a recent Health Care Foundation Newsletter, one parent requested a second surgical opinion even though her child had met the indications for surgery identified on the program's preprinted check-off form. Such cases are normally of a "pass through" nature and not subject to a second consultation. Another incidence in which mere awareness of the second opinion concept was evidenced involved a patient who, prior to her case being reviewed within the program, notified the Foundation that she had sought her own "second opinion" and had decided on the option of medical treatment rather than undergoing surgery.

It has become evident that both the patients' reactions to a second opinion consultation and their perceptions of the program in general must be considered in any evaluation attempt. Therefore, the Foundation will, in addition to collecting the required statistical data, monitor the reactions of the people whose lives it touches. □

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WESTFIELD 562-5150
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LIFE BEGINS AT 40

Newsletter of The Medical Society of the County of New York:

Every once in a while you hear somebody (usually under 30) suggest that county medical societes are dying institutions run by old men. And we admit, right up fron, that this is the way some county medical societies are perceived by some people. But how does the perception match the reality? Well, we would like to offer our critics these facts:

Our total number of members has actually increased in the past 30 years. There were 6,362 members in 1948 and there are nearly 6,500 today. This is in the face of a sharp decrease in city population and removal of many doctors to the suburbs or out of state....

Most of our members are age 40 to 60 with the median age in the early 50s. In fact, our president-elect is 48. That may sound old to an under-30, but most people would agree it's the prime of professional life.

As to the charge that young doctors are not breaking down doors to join the county medical society-that's true. But they never did. Most physicians don't complete their arduous training until around age 30. For the next ten years or so they put in long exhausting hours establishing their practice and, in most cases, raising a family.

But when physicians reach 40 or so, something happens-and our membership records bear this out.

They have more time, they mature, they've outgrown the normal antiestablishment feelings of their youth and begin to see themselves more in relation to the entire profession and its problems. Maybe the sobering realities of practice--as opposed to the intoxicating theories of training--have an effect. At any rate, they come to realize that the "establishment" (which the county society certainly represents) isn't such a dirty word. Being "established" simply means accepting responsibility for running things--and if somebody has to run things it might as well be somebody with experience and mature judgement.

So what does a physician do a little later on when he (or she) no longer has much in common with medical students or residents? He comes to the county medical society. He gravitates to the place where he can make a contribution to his profession in the company of his peers--maybe even try his hand at medical politics, if so inclined. In brief, he joins that "dying institution run by old men" and proves once more that life begins at 40 for most society members. □

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PRESCRIPTIONS
DELIVERED & PICKED UP

Distinctive Dining at Springfield's
STUDENT PRINCE
and
FORT RESTAURANT
6 Fort St.—788-6628—Springfield

Marketplace Choice As Deterrent To Government Price Controls

The AMA-created National Commission on the Cost of Medical Care has opened up a new horizon by emphasizing the need to restore the concept of free-marketplace choice in health-care delivery.

What does that mean?

Well, picture the delivery system as a marketplace where producers and consumers handle their transactions through insurers, private and public. The Cost Commission report recommends that producers and consumers have direct impact on decisions made in their behalf.

Consumers want to buy services at a lower annual rate of cost growth than the 11 per cent it has averaged since 1966.

However, the marketplace right now is not functioning well. It was flexible in the days when consumers paid the producer directly. But the patterns of coverage offered by today's middleman insurers are largely standardized in benefits and therefore in costs.

The Cost Commission report suggests ways in which those patterns can be stimulated to offer a latitude and freedom of choice.

For instance, employees could choose among health-care plans in terms of premium price, whereas employer contributions to premiums would be the same for any plan. The employee selecting a plan less expensive than the employer contribution would either be reimbursed for the difference or receive additional benefits.

The report makes this general observation:

"Reliance on market mechanisms can lead to cost-effective production of output, and permit consumer preferences to play a key role in determining what goods and services are available."

Unfortunately, this leeway cannot control costs all by itself. Nor does the marketplace assure care to the poor and uninformed, and their health-care costs could continue to rise sharply.

Hence, there must be some reliance on provider self-regulation and on local regulation if the overall tab is to be kept in line. No federal controls are recommended by the report.

Self-regulation would include cost-containment initiatives in the private sector of care, among third-part payers, and in medical practice. Says the report:

"In the past, providers have considered primarily the medical needs of their patients. The Commission believes that providers must now take steps to make cost-effective utilization recommendations without sacrificing the quality of care. There are a number of programs that can be undertaken within the health-care system that are not dependent on major changes in the delivery system."

The chief value of the report is that it brings many ideas and groups together in a coordinated program for genuine action. Some of the ideas are old but have never been implemented. Group responsibilites include those placed on the consumer.

The upshot could be a momentum that would head off arbitrary, unwieldy federal formulas for cost containment. Developed after a year and a half of intensive study and effort, the Cost Commission report presents credible aternatives to those formulas. □

AUXILIARY NEWS

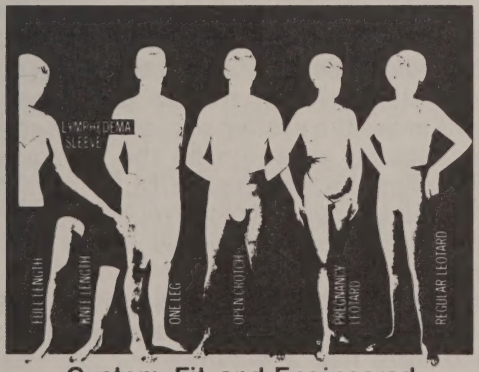
HOLIDAY TEA ---------- Wednesday, December 6th 1:00 P.M.

Chairwoman: Mrs. Vincent Guardione
Co-chairwomen: Mrs. J. Gordon Rich
Mrs. Ahmed Mouchantat

The HOLIDAY TEA will be held at the lovely home of Dr. and Mrs. Erik Rosenthal, 111 Woodsley Road, Longmeadow. We would like all doctor's wives to join us; members and non-members are invited. Call Joan Guardione (567-1931) if you do not receive an invitation and would like to come. This special event promises to usher in the festivities of the season. Do come!

Polly Miller, president, and Jean Medrek, president-elect, have returned from the ''Leadership Confluence'' in Chicago which was held October 25-27. Our auxiliary provided two of the seven county representatives from Massachusetts at the conference. Polly and Jean attended ten seminars and will report on these intensive study groups in a future ''Hippocrat''. □

HELEN K. GALLIVAN
Auxiliary Representative to the Hippocrat



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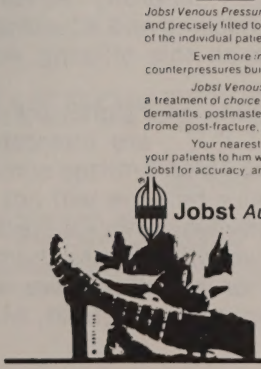
Jobst Venous Pressure Gradient® supports are custom-made and precisely fitted to the contour of the affected extremity of the individual patient in a series of careful measurements

Even more *important* than the perfect fit are the exact counterpressures built-in according to your own prescription!

Jobst Venous Pressure Gradient® elastic stockings are a treatment of *choice* for leg ulcers, varicose veins, stasis dermatitis, postmastectomy lymphedema, post-phlebitis syndrome, post-fracture, post-operative and injury edema

Your nearest *Jobst Fitter* is shown below. You can send your patients to him with confidence. He has been trained by Jobst for accuracy, and will give you the *best* in service



Jobst *Authorized Fitter*

Agawam Medical Equipment, Inc.
713 MAIN STREET / AGAWAM, MASS., 01001
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PILOT PARAMEDICAL PROGRAM

The ultimate goal of the paramedic is to bring a life saving intervention in the field that hitherfore was not available. To reach this goal specialized education and training leading to national certification is necessary for paraprofessionals to assume this responsibility. Emphasis is placed on integrating the work of the paramedic not only with the emergency room physician and nurse but with the entire health team.

S.T.C.C. has again taken the initiative for developing Allied Health Education courses by seeking approval from the Massachusetts Department of Public Health office of Emergency Medical Services for a paramedic program in the greater Springfield area.

Edward Hoffer, M.D., Director of Emergency Medical Services of the Massachusetts Department of Public Health, was invited to meet with the advisory committee under the direction of Enzo DiGiacomo, M.D. to evaluate the curriculum, assess the clinical experience component and to offer recommendations for integrating this offering into an Emergency Medical System for Western Massachusetts which has not been formalized. Among Dr. Hoffer's suggestions, was the idea of appealing to local physicians interested in the betterment of emergency care to participate by writing the guidelines and protocols which they feel will insure a well rounded, safe paraprofessional whose tasks are understood by the health team.

The didactic format followed at S.T.C.C. is the nationally accepted curriculum for an approved course which includes, prehospital treatment of major medical emergenices and certification in advanced life support. In order to assure that this program be a success and upgrade life saving measures for the patient in the field, the input and cooperation of the medical community is essential. Is our first concern to be establishing a system without trained personnel or is it training individuals who will make the system a success when it is established? This paradox was debated at length by the area advisory committee composed of physicians, educators, E.M.S. personnel, ambulance services, and representatives from municipal government, fire department, and the local community and it was decided to go ahead with the program.

The thirty presently enrolled students have successfully completed the basic Emergency Medical technician/ambulance course, passed the registry exam, and have had a minimum of one year of critical care experience in the field. Each is presently employed in an emergency care facility. These students have been carefully screened by an Admissions Committee composed of physicians and educators from the more than 250 applications received when this offering was publicly announced.

We are looking to you for direction. Joe Derosiers and Helen Burzynski, program coordinators at S.T.C.C., are interested in your suggestions not only for didactic direction in committee committments. We cannot work in isolation, but with your help we will not only equal Worcester and Boston in their accomplishments of providing the community with a working system but we will surpass them.

Please call either Mrs. Burzynski or Mr. Derosiers at S.T.C.C. (781-6470) or write to us at 1 Armory Square, Springfield, Mass. 01105. □

DISTRICT MEETING of the HAMDPEN DISTRICT MEDICAL SOCIETY

DATE: Tuesday, November 21, 1978

PLACE: Marriott Hotel • 1500 Main St. • Springfield

BUSINESS MEETING: 6:00 P.M.

SOCIAL HOUR: 7:00 P.M.

DINNER: 7:30 P.M.

SPEAKER: Hoyt D. Gardner, M.D., President Elect of the American Medical Association

Topic: "YOUR ORGANIZATION AND THE AMERICAN MEDICAL ASSOCIATION"

Parking tickets will be validated at the reception desk.

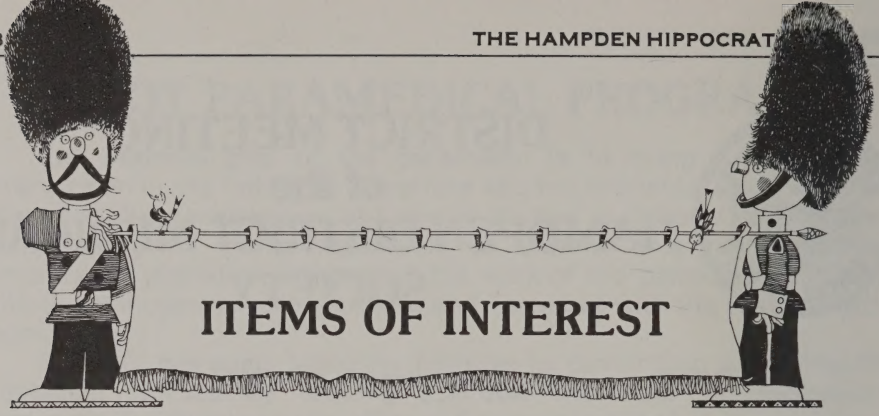
Wives are invited to attend this meeting.

COST: For wives -----$8.50 (remit checks with reservations) Members --Courtesy of H.D.M.S.

If you must cancel your dinner reservation, call the office before noon of November 21, 1978. IF CANCELLATIONS ARE NOT MADE YOU WILL BE BILLED FOR YOUR DINNER.

As voted at the September 26, 1978 meeting there will be no smoking at the Business Meeting and designated areas at Dinner.

PATRONIZE OUR ADVERTISERS AND MENTION "THE HAMPDEN HIPPOCRAT"



ITEMS OF INTEREST

THE AVERAGE U.S. PHYSICIAN IN OFFICE PRACTICE in 1976 was 46 years of age, worked 52.2 hours per week, and averaged $59,554 in income, figures in the recently published **Profile of Medical Practice 1978** show. Compiled by the AMA's Center for Health Services Research and Development, the new seventh edition of the book is based in large part on information garnered from the 11th Periodic Survey of Physicians, an AMA study conducted last year in which a cross-section of physicians were asked questions regarding office finances, working hours and other aspects of medical management. Information in the new edition also shows that the rate of increase in physicians' fees has declined since 1975, to 9.2%, as measured by the consumer price index; and the practice expenses for the typical U.S. physician increased at a compounded rate of growth of 10.4% from 1969-1976, while net income from medical practice increased at a rate of 6.0% during the same period. □

In a statement to the press issued shortly after HEW formally announced the start of its surgical second opinion program AMA Executive Vice President James H. Sammons, M.D., warned that the program "promises to increase utilization of physician services as Medicare and Medicaid patients across the country are urged to seek a second-opinion before all nonemergency surgery." Dr. Sammons refuted HEW's claim that its national second-opinion program would be cost reducing. Short-term results of several experimental second-opinion programs "have not provided clear evidence," he said, "that a national program of this type will either improve the quality of care or reduce health cost." □

Two studies should be made before the Guide to Drug Prices becomes a permanent federal publication, the AMA said of HEW's proposed drug price catalog. When announcing plans for the Guide, HEW Secretary Joseph Califano said it "should allow doctors and pharmacists to take costs into account when prescribing and ordering prescription drugs." The AMA recommended a study to determine the correlation of pharmacy acquisition costs with retail prices and the relationship of pharmacy location and acquisition costs. It also recommended that criteria be established and a study conducted to determine the effectiveness of the Guide in reducing drug costs consistent with quality care. □

Edward F. O'Donnell
FUNERAL HOME
Springfield

LOVE IS A MANY LAUNDERED THING

Overheard in the supermarket: "We've become very good friends. We meet every week in the laundramat."

Our gatherings are never urgent
While we discuss each new detergent
And toss in all our dirty duds
And watch them slosh in soapy suds.
Yet--in the meantime--romance buds.

We cull the ads for the better softener
Just so that we can meet much oftener.
For some it is a hum-drum scene,
That uninspired bench, I mean,
But we emerge so squeaky clean.

In spite of Tide and Dash and All
And coins that in the slots may fall,
There's no one ever can deny
That some day we might rinse and dry
And tumble press--just she and I.

HNS

LETTER TO MANAGING EDITOR

September 18, 1978

Ms. Vivian M. Purdy
Managing Editor
Hampden District Medical Society
1414 State Street
Springfield, Massachusetts 01109

Dear Vivian:

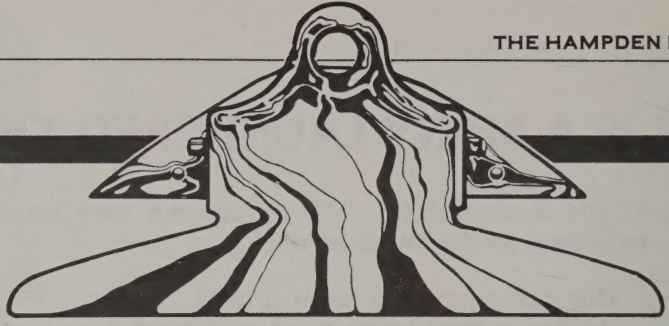
I appreciate your nice letter of September 6, and the enclosed copy of your 1978 issue of **The Hampden Hippocrat**. I enjoyed reading this issue in its entirety, and compliment you on its content and format.

Thanks so much for your courtesy and thoughfulness.

Sincerely yours,

Tom

TOM E. NESBITT, M.D., President
American Medical Association



LIST OF ADVERTISERS

BELOW IS A LIST OF OUR ADVERTISERS FOR 1978. IN YOUR CONTACTS PLEASE TELL THESE PEOPLE HOW MUCH WE APPRECIATE THEIR SUPPORT.

AGAWAM MEDICAL EQUIPMENT, INC.
ARNOLD'S SHOES
BILLY FIORE'S RESTAURANT
BRACCI TRAVEL WORLD
BURROUGHS WELLCOME
BYRON'S FUNERAL HOME
CHEZ JOSEF
COCK O' THE WALK
COLONIAL MOBILE TELEPHONE AND PAGING SERVICE, INC.
CORLISS ADJUSTMENT BUREAU
CORNELL GALLERIES
CURRAN-JONES, INC. FUNERAL HOME
DICKINSON-STREETER CO., FUNERAL HOME
DUNLOP FLORIST, INC.
EAST LONGMEADOW NURSING HOME, INC.
FOOTIT SURGICAL SUPPLIES
FREEDOM FEDERAL SAVINGS
GALE LINCOLN MERCURY
GATHERING
HAFEY FUNERAL HOME
HOME AND SITTER SERVICES, INC. HOME CARE CORP.
HOMESTEAD INN
HOSPITALITY MOTOR INNS
KING'S PHARMACY
INK WELL
KING'S PHARMACY
LANDEN-TRUE, JEWELERS
LEONARD GALLERY
LESTER L. BURDICK INC.
LILLY, ELI AND CO.
LOG CABIN RESTAURANT
MARRIOTT HOTEL
MCCARTHY-MADAMAS FUNERAL HOME
MED-X
MING PALACE
NORMAN'S PHARMACY
OAKS INN
O'DONNELL, EDWARD F. FUNERAL HOME, INC.
OLD STORROWTON TAVERN
OMARTIAN, TOROS & SON, INC.
PHYSICIANS SUPPLY CO.
PICOT'S PLACE
PRESTIGE REALTY
PROP-R WALK SHOES
RELIABLE TELEPHONE SERVICE
SHAWMUT FIRST BANK
SHUMAN R. ADAM
SMITH & REYNOLDS
SOUTH CHINA RESTAURANT
STUART PHARMACEUTICALS
STUDENT PRINCE & THE FORT
THIRD NATIONAL BANK
VALLEY BANK
VISITING NURSE ASSOCIATION
UPJOHN HEALTHCARE SERVICES
WEIDNER TRAVEL BUREAU, INC.
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